## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10006425

| CLAIMS AS FILED - PART I<br>(Column 1)   |   |   |              |                               | (Column 2)   |                  |    | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
|--|---|---|--------------|-------------------------------|--------------|------------------|----|---------------------|------------------------|----------------------------|---------------------|------------------------|--|
| TOTAL CLAIMS   |   |   | 16           |                               |              |                  |    | RATE                | FEE                    | ,                          | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER F     | ILED                          | NUMBI        | ER EXTRA         |    | BASIC FEE           | 370.00                 | OR                         | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 16 minus 20= |                               | *            |                  |    | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   |              |                               | * /          |                  |    | X42=                | •                      | OR                         | X84=                | gif                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |              |                               |              |                  |    | +140=               |                        | OR                         | +280=               |                        |  |
| * If the difference in column 1 is less than zero, ente                                      |   |   |              |                               | r "0" in c   | olumn 2          | 1  | TOTAL               |                        | OR                         | TOTAL               | 824-                   |  |
| 7/6 04 CLAIMS AS AMENDED - PAR   |   |   |              |                               |              | (Column 3)       |    | SMALL E             | NTITY                  | OR                         | OTHER<br>SMALL      |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | . 19                                      | Minus        | * 0                           | ?o           | = -              |    | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|  | Independent   | * 7                                       | Minus        | *** /                         | 4<br>ECLAIM  | - 3              |    | X42=                |                        | OR                         | X =                 | 258                    |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                               |              |                  |    | +140=,              |                        | OR                         | +280=               |                        |  |
|  |   |   |              |                               |              |                  |    | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE | 258                    |  |
|  |   |   |              |                               |              |                  |    |                     |                        |                            |                     |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus        | **                            |              | =                |    | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
| AME  | Independent   | *   | Minus        | ***                           |              |                  | 11 | X42=                |                        | OR                         | X84=                |                        |  |
| لا   | FIRST PRESE   | NTATION OF MI                             | JUIPLE DEP   | ENDEN                         | CLAIM        |                  | ┚┃ | +140=               |                        | OR                         | +280=               |                        |  |
|  |   |   |              |                               |              |                  | ı  | TOTAL<br>ADDIT, FEE |                        | OR                         | TOTAL<br>ADDIT, FEE |                        |  |
|  | (Column 1) (Column 2) (Column 3)  |   |              |                               |              |                  |    |                     |                        |                            |                     |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 5            | HIGH<br>NUM<br>PREVI          |              | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus        | **                            |              | =                |    | X\$ 9=              | ,                      | OR                         | X\$18=              |                        |  |
|  | Independent   | *   | Minus        | ***                           |              | 3.               |    | X42=                |                        | OR                         | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                               |              |                  |    |                     |                        |                            | . 220               |                        |  |
| +140=  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |              |                               |              |                  |    |                     |                        | OR                         | +280=               |                        |  |
| ***  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |              |                  |    |                     |                        |                            |                     |                        |  |